The Special Attention of Physicians is Respectfully Invited	d to the Remarks below, and to	List of Diseases on back
Health Departm	ent, City of	Baltimore.
Permit No. ———————————————————————————————————		ation of this Certificate, accurately filled ou the death of said deceased, or sooner,
CERTIFICA	TITINOT D	EATH.
Date of Death,	May 18.18	87 -
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	Kate So	
Sex, Male or Female, (Cross out the word not required in this line.)	· · · · · · · · · · · · · · · · · · ·	
Age, Years, —	Month	s, Days
Color,	Calu	ed - /
Married, Single, Widower, {Cross require	out the words not }	
Occupation,	Servi	ant. V
Birth Place, {State or country, and how long in the United States, if of foreign birth.	Ball	
Duration of Residence in the City of Bo		
Place of Death, {Give Street and }	130 Cc	arlton St-
$\it Cause of Death, egin{cases} { m First (Primary),} \\ { m Second (Immediate),} \\ \end{array}$	Astheria	U
Duration of Last Sickness,	aluur 6	mus_
Place of Burial, Laurel Com	e e	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business, 150 Cast

M. D.

Carrollinsan

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Bealth Department	Gity of Baltimore.
Permit No. 97893 Office of Regist	GRAND Statistics. Ward D'
The Physician who attended any person in a last illness, to the Undertaker or other person superintending the business with	esponsible for the present can of this Certificate, accurately filled out, in twenty-four hours after the death of said deceased, or sooner, if
No Permit for Burial cambe Obta	TNED WITHOUT A PROPER CERTIFICATE.
CERTIFICAT	DEATH.
Date of Death,	May 19-1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	Richard Neal
Sex, Male or Female, {Cross out the word not }	Male
Age, Years,	Months, Jays.
Color,	mulatte
Married, Single, Widow or Widower, {Cross out the required in this	words not } Leafle
Occupation,	hil. V
Birth Place, {State or country, and how long in the United States, if of foreign birth.	Balle.
Duration of Residence in the City of Baltimo	re, legelliv
$Place \ of \ Death, \{^{ ext{Give Street and}}\}$	1102 Douflass
(First (Primary)	Presidente Besit
Cause of Death, Second (Immediate),	astherris
Duration of Last Sickness,	5 Okys
Place of Burial Laurel demely	
Date of Burial May 20 6 1887	Delheott M. D.
Undertaker, William Dung.	Medical Attendant.
Place of Business, 150 Cost A	Address, 404 // Kelley

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Place of Business, 150

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of the	
Bealth Department, City of Baltimore.	
Permit No. 99894 Office of Registration of With Statistics. Ward 3 a	-
The Physician who attended any person in a last illness, is responsible for the prescritation of this Certificate, accurately filled to the Undertaker or other person superintending the barial, within a later four after the death of said deceased, or soon requested so to do, under penalty of law. No Permit for Burial can be considered without a Proper Certificate.	ed on ier,
CERTIFICATE OF BEATH.	
Date of Death, Wray 1900 188	
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.	
Sex, Male or Female, {Cross out the word not }	
Age, 49 Years, Months,	ays
Color, Calored	
Married, Single, Widow or Widower, {Cross out the words not } Married	
	-
Birth Place, {State or country, and how long in the United States, if of foreign birth.	2
Duration of Residence in the City of Baltimore, 25 Jears	
Place of Death, {Give Street and } /19 N Dalkas Sh	•
Cause of Death, { First (Primary), Second (Immediate),	
Duration of Last Sickness, /2 hours All the above information should be furnished by the Physician.	
Place of Burial, Laurel Cemeling	
Date of Burial, May 20 4 1887	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Office of Registrar of

Bealth Department, City of Baltimore.

	ended any person in a last illnesserson superintending the burner alty of law. PERMIT FOR BURIAL CAN BE			
CE	ERTIFICA	THOE RE	DEATI	H. 4
	No	mg 19%	(887	
Full Name of Decea	sed, { Write legibly and spell correctly. If an Infant not named, give names of parents.	Charm	e Loupine	h 1
Sex, Male or Femal	e, {Cross out the word not }	·····	Jugine	6//
Age,	Years,	3	Months,	
Color,	m	its		
Married, Single, Wie	dow or Widower, {Cross out required	t the words not }	Y	
Occupation,				
Birth Place, State or coulong in the if of foreig	untry, and how United States,	B.	allemore	Mde
Duration of Residen	ace in the City of Balt	timore,	Looks	
Place of Death Sive	Street and ZIL M	Rhalll	H	
Course of Death F	econd (Immediate),	Molu	natrilion Shourts	m
All the above information sh	ickness,			
Place of Burial,	Talphansus.	1		
Date of Burial,	Day 20/89.	-) - 0	. l a.	2 -1 20 -
1	rank Goach.	A	Mo	M. D.
Place of Business	,827. n. Lund	Address,	9312.11	(wornsut

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Barial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Place of Business.

Health Department, City of Baltimore.
Permit No. 99896 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last liness, is responsible to the presentation of this Certificate, fewerately filled out, to the Undertaker or other person superintending the burial, within twenty-over hours after the death of said deceased, or sooner if requested so to do, under penalty of law. No PERMIT FOR BURIAL CORRESPONDED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE DEATH.
Date of Death, They 19 th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, Cross out the word not trequired in this line.
Age, 48 Years, Months, Days,
Color, Orhili
Married, Single, Widow or Widower, Cross out the words not
Occupation - 5
Birth Place, State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, Give Street and \ \(\text{Vamber.} \)
Cause of Death, Second (Immediate),
Duration of Last Sickness, Wort 12 mm
Place of Burial, Balt in Elem
Date of Burial, May 22th 188 M. B. Billing la M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

1206 E. Pa

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health	Departme	m, oith	of Baltin	nore.	0
Permit No. 99897	Office of Regis	MAX OF Vi	tal Statistics.	Ward 16	
The Physician who attended a to the Undertaker or other person	any person in a last illas superintending the bull			ertificate, accurately fille said deceased, or soor	ed out, ier, if
requested so to do, under penalty of	of law.	The second secon			
CER	RTIFICAT	TE OF	DEATI	H. 🐼	
Date of Death,	May !	9:01	10 1		
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	Min	ma 18les	tage	
Sex, Mate or Female, { required	ss out the word not uired in this line.			1	
Age, 63	Years,	D	Months,	/D	ays.
Color,	H MU	e		1/	
Married, Single, Widow	or Widower, {Cross out required i	the words not hat his line.		<i>/</i>	
Occupation,		1			
Birth Place, State or country, a long in the United if of foreign birth.	nd how States,	Germa	neg		
Duration of Residence in		more,	0 27 4	ears	
Place of Death, Give Street a Number.	and }	5,14	Ocall.		6
First (P	rimary),	(Kronec	nephre	ho	
$\textit{Cause of Death}, egin{cases} ext{First (Property)} \\ ext{Second (} \end{cases}$	(Immediate),	Uri	mic Ho	Loison	
Duration of Last Sickne	988,	3 mon	uto ((or Inloxed	alin
Place of Burial, Jag	lo- Gent	4) ~ (
Date of Burial, Office	321 " 1889	1 2011	A A	tom "	
(Undertaker, Th. C	Seewald	10	Me	dical Attendant.	D.
Place of Business, H	9 8. Entan	Address,	or mulberry	1 Myrell	7 au

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Pourn or Beaud, Eiro or Kairimore,
Permit No. 99898 OFFICE OF REGISTRAR OF VITAL STATISTICS.
The Physician who attended any person in a last illness is the sole for the production of this Certificate, sourcely filed out, to the undertaker or other person superintending the butter, within twenty-four hours after the death of said declared, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF BEATH.
Date of Death, hay 19th 1887
Full Name of Deceased, { Write tegibly and spell correctly. If an infant not named, give names } Jane Guyer
Sex, Mate or Female, {Cross our the word not required in this line.}
Age, about, 48 Years, Months, Days
Color, dark Tohesnut sex, Temale
Married, Simple, Widow or Withwer, { Cross out the words not }
Occupation, a Cook
Birthplace, { State or country (and how birthplace, { Inng in the United States, if } Dorchester . Co. Md
Duration of Residence in the City of Baltimore, hove than 35 years
Place of Death, { Give street and ho 8 00 Cornner of China, and
Cause of Death, Second (Immediate,) Anastarca
Duration of Last Sickness, about 4 month. All the above information should be furnished by the Physician.
Place of Burial, Lauril Centery John & Brown M. D.
Date of Burial, MC14 20 1001
5 Undertaker, Herelle 10205 Address 118. montgomery St
Place of Business, 48 4 ControySt Stor
Extract from Regulations of the Board of Health to secure a full and correct record of

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the date of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of
Bealth Department, Ditty of Baltimore.
Permit No. 99.899 Office of Assistrar of Vital Statistics. Ward
The Physician who attended any person in a lest illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the busial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be the control of the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the busial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
CERTIFICATE OF DEATH.
Date of Death, May 19 th 1887
Full Name of Deceased, {Write legibly and spell correctly If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, 66 Years, Months, 3 Days
Color, White
Married, Single, Widow or Widower, {Cross out the words not } Widower
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 22 Grace
Place of Death, {Give Street and } N. C. Cer min Eldery and Caroline
Cause of Death, { First (Primary), Second (Immediate), Asthelyia
Duration of Last Sickness, Jux 201 orthis All the above information should be furnished by the Physician.
Place of Burial, Baltimore Gemeter
Date of Burial, May 271007 Jan 3 Sickel W. D.
(Undertaker, Fred Gaede / Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business, 108 & Coroline Address, 131

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of Linis Certification
Bealth Department, City of Baltimore.
Permit No. 99900 Office of Registrar of Vital Statistics. Ward 12
The Physician who attended any person in a last illness, as responsible for the presentation of this Certificate, accurately filled on to the Undertaker or other person superintending the barial fibrile for shours after the death of said deceased, or somer, requested so to do, under penalty of law. No Permit for Burial Can be Obtain. ROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, May 20 M
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}
Sex, Male or Female, {Cross out the word not }
Age, 96 Years, Months, Days Color, While
Color, While
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore. 86 48 ars
Duration of Residence in the City of Baltimore, 86 years
Place of Death, {Give Street and } 524 Laurenes 42 -
Place of Death, {Give Street and } 52 4 Laurenes \$2 - Cause of Death, {First (Primary),
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, hoen bathedral Cemelery
Date of Burial, May 23 187) 7 7 Hannery
(Undertaker, Medical Attendant,
Place of Business, 606 H. Journand Staddress, 701 Dr. Hill acc.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And he it further, enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish with twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the case and date of death.

Place of Business,

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.
Bealth Department Baltimore.
Permit No. 9990 Office of Registrary of Yila Storistics. Ward The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out,
The Physician who attended any person in a last fillness is responsible for the presentation of this Certificate, accurately facts out, to the Undertaker or other person superintending the burial, to the fill after the feath of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be Obtain.
CERTIFICATE OF DEATH.
Date of Death, May 20 7, 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of present the word not)
Sex, Male or Female, {Cross out the word not }
Age, 477, Years, Months, Days
color, Phile
Married, Single, Widow or Widower, {Cross out the words not } Married
Occupation, Hivematica
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore. 2592ave -
Place of Death, {Give Street and} 5-38 Pruston 8
Cause of Death, { First (Primary), Second (Immediate), Cavanna of the fiver
Duration of Last Sickness, One GEAN. All the above information should be furnished by the Physician.
Place of Burial, St. Peters Connetery.
Date of Burial, They 3rd Lans W. Kunght M. D.
(Undertaker, Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct recerd of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.